

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF STATE
PUBLIC ACCESS
15 JAN 21 PM 1:21
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Bob Quast for Term Limits, Inc.

ADDRESS (number and street) P O Box 8
Check if different than previously reported. (ACC) Davenport IA 52805

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 00562769 IS THIS REPORT X NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
IA 00

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
X Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2015 through 01 01 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael J. Roelens, Sr.
Signature of Treasurer [Signature] Date 01 14 2015

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